



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3050

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/694,162 | FILING DATE<br>10/27/2003<br><br>RULE | CLASS<br>250 | GROUP ART UNIT<br>2881 | ATTORNEY DOCKET<br>NO.<br>413283 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

## APPLICANTS

Donald W. Berrian, Topsfield, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/768,409 01/24/2001 PAT 6,677,599  
which claims benefit of 60/192,268 03/27/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/26/2004

|  |          |         |        |             |
|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   | MA       | 6       | 10     | 5           |

## ADDRESS

Robert W Mulcahy  
Applied Materials Inc  
Patent Department  
Box 450A  
Santa Clara , CA  
95052

## TITLE

SYSTEM AND METHOD FOR IMPLANTING A WAFER WITH AN ION BEAM

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1328 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|